## SUBSIDIARY AND PRODUCT TYPE INFORMATION

The Division is requesting a list of subsidiaries (wholly owned by your company) that you would like to include under your registration. Any subsidiary that is not listed may be required to register separately. This information will be used as a cross reference under the parent company registration to provided you with better service. Please list all subsidiaries/trade names. If your company does not have any subsidiaries or trade names omit this step.

In order to establish what types of products are associated with your company, choose the **Product Types** from the list below. You may underline or circle the group or groups that apply. If your products do not fall into any of the types listed, use the line marked **other category** to list your products.

We will not be mailing you a request for this information, but will require that the information be updated at the time of renewal. For your convenience, you may copy this file to your Word software and type the required information in the space provided, then mail with your renewal coupon to the address below. All companies <u>must</u> return a complete response signed and dated to our office within seven (7) days of your on-line registration. Please include your company name and registration number on all correspondence. For more information or assistance, please call the phone number listed below.

<b>Type of Products:</b>	(circle or underline)	
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adhesives/cements/glues/resins charcoal briquettes/canned fuel

art materials/craft/hobby products auto/marine/cycle products balloons fire extinguishers fireworks household cleaners/chemical products

building materials/chemicals leather care products

petroleum fuels (propane, butane, kerosene, naphtha, etc., packed for retail sale)

toys w/small parts toys w/small balls, balloons, or marbles toys w/electrical or heating elements paints/coatings/solvents

water treatment/pool chemicals

Other category (describe):		
Affidavit: I swear or affirm that all statements on this form are true and correct.		
Signature:	Date:	

Texas Department of Health Consumer Hazardous Substance Program 1100 W 49<sup>th</sup> Street Austin, TX 78756

> Phone: 512-834-6600 ex. 2426 Fax: 512-834-6766 or 512-834-6614 http://tdh.state.tx.us/beh/ps/hazard.htm

## **Privacy Notification**

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <a href="http://www.tdh.state.tx.us">http://www.tdh.state.tx.us</a> for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004).